

## The State of New Hampshire Insurance Department

21 South Fruit Street, Ste 14 Concord, NH 03301

## APPENDIX B

## SAFE HARBOR FORM FOR ALL RATE DISCLOSURES Required pursuant to SB 369

				New
			Renewal	Business
			Quotes	Quotes
A	Health Coverage Plan Rate	471.90	Required	Required
В	Adjustment due to Group Characteristics and	+104.87	Required	Required
	Rating Factors			
C	Unadjusted Renewal Single Premium Rate (A+B)	=576.77	Required	Required
D	Group Characteristics and Rating Factors Increase	-48.77	Required	N/A
	not allowed by Cap (20% cap)		2006 only	
Е	Premium Rate (C-D)	=528.00	Required	N/A
			2006 only	

These numbers are based on the same hypothetical used for Appendix A.

Row identifiers should be adjusted to reflect the rows being shown, including those shown as formulae. Carriers may modify row labels to better fit the disclosure. For example, row C on new business quotes, and renewal quotes provided after 2006, might be labeled 'Single Premium Rate' or 'Premium Rate' while rows D and E would not be shown.